

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32573

1. PLACE OF DEATH

County Jackson Registration District No. 400
Township Boone Primary Registration District No. 4235
City Lees Summit (No.) St. Ward)

2. FULL NAME

Agar Hickman Durrett
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John D. Durrett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lima, Ill.

13. NAME Gideon Blake Hickman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) and New Jersey

15. MAIDEN NAME Catherine Ann Cain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa.

17. INFORMANT (ADDRESS) Gideon Durrett
Lees Summit Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lees Summit Mo DATE 10-18-1932

19. UNDERTAKER (ADDRESS) Fields-James Co
Lees Summit Mo

20. FILED 10-17-1932 William F. Fields
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 16th, 1932, to Oct. 17th, 1932
I last saw her alive on Oct. 17th, 1932 Death is said to have occurred on the date stated above, at 7: A. m.
The principal cause of death and related causes of importance were as follows:

Apoplexia Date of onset Oct 16 32

Other contributory causes of importance: None

Name of operation none Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. H. Bagdale M. D.

(Address) Lees Summit Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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